

42D003
8-02

COMMONWEALTH OF KENTUCKY
REVENUE CABINET
FRANKFORT
40620



TO: Employers

DATE: September 2, 2002

SUBJECT: 2002 Kentucky Wage and Tax Statements

Employers are required to furnish each employee with a wage and tax statement on or before January 31, 2003. This applies to all employees from whose wages tax has been withheld or would have been withheld if no more than one exemption had been claimed.

The Kentucky Revenue Cabinet maintains a record of the receipt of the wage and tax statements by utilizing the Kentucky Withholding Account Number. It is extremely important that the **correct number** be entered in the applicable block on the wage statements. Failure to enter the correct account number contributes to delays in processing and possible mishandling of the statements.

The Revenue Cabinet is providing combination federal and Kentucky wage and tax statements based on the rate schedule below. Orders for one to four forms will be filled at no charge. The forms consist of all required copies of federal Form W-2 and Revenue Form K-2. Employers must use the Cabinet's official forms or approved commercially printed forms. Federal W-2 forms may be used if the Kentucky tax withheld is clearly identified. Any questions regarding commercially printed forms or magnetic media should be addressed to the Division of Compliance and Taxpayer Assistance, Withholding Tax Section, Station 57, P.O. Box 1274, Frankfort, KY 40602-1274, (502) 564-7287.

Enclosed is a combination order blank and label. Please type or clearly print your name, address, including ZIP code, and number of forms requested and return with payment.

Make check payable to: **Kentucky State Treasurer**
Return bottom portion with payment to: **Kentucky Revenue Cabinet,**
Support Services Branch, P.O. Box 518, Frankfort, KY 40602-0518

Forms Cost Schedule			
Per Package Pricing			
10 forms	\$2.50	50 forms	\$5.00
24 forms	3.50	76 forms	6.00

For 78 forms or more use rate schedule below.			
78-198 forms	\$0.07 each		
200-498 forms	0.06 each		
500 or more forms	0.05 each		

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

DETACH HERE

W-2/K-2 Quantity: _____

FROM: Revenue Cabinet Frankfort, KY 40620	Name _____		
	Withholding Account No. _____		
	Telephone () _____		
	Wage and Tax Statements	Quantity	Unit Price
TO: Name _____ _____ Street _____ City, State _____ and ZIP Code _____	Form W-2/K-2 (up to 4)		NC
	Form W-2/K-2 (per package) Enter 10, 24, 50 or 76		\$
	Form W-2/K-2 (per form)	x \$	\$
	Sales Tax (6%)		\$
Total			\$